

**FEB 22 2006**

AO 435 (Rev. 12/03)				Administrative Office of the United States Courts		FOR COURT USE ONLY	
TRANSCRIPT ORDER						DUE DATE: <b>2/22/2006</b> U.S. BANKRUPTCY COURT MONTGOMERY, ALABAMA	
Please Read Instructions above				2. PHONE NUMBER (334) 834-9164		3. DATE 2/22/2006	
1. NAME ROBERT LEE SMITH				5. CITY MONTGOMERY		6. STATE ALABAMA	
4. MAILING ADDRESS P. O. BOX 5146				7. ZIP CODE 36103			
8. CASE NUMBER 05-03030		9. JUDGE WILLIAM SAWYER		DATES OF PROCEEDINGS			
				10. FROM 1/31/2006		11.	
12. CASE NAME SMITH v. FITZPATRICK				LOCATION OF PROCEEDINGS			
				13. MIDDLE DISTRICT		14. ALABAMA	
15. ORDER FOR				CRIMINAL JUSTICE ACT			
<input checked="" type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> IN FORMA PAUPERIS		<input checked="" type="checkbox"/> BANKRUPTCY	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL				<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)							
PORTIONS		DATE(S)		PORTION(S)		DATE(S)	
<input type="checkbox"/> VOIR DIRE				<input checked="" type="checkbox"/> TESTIMONY (Specify Witness)			
<input checked="" type="checkbox"/> OPENING STATEMENT (Plaintiff)		01/31/2006		ROBERT LEE SMITH		01/31/2006	
<input checked="" type="checkbox"/> OPENING STATEMENT		01/31/2006		CLAUDIA FITZPATRICK		01/31/2006	
<input checked="" type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		01/31/2006		<input type="checkbox"/> PRE-TRIAL PROCEEDING			
<input checked="" type="checkbox"/> CLOSING ARGUMENT (Defendant)		01/31/2006					
<input checked="" type="checkbox"/> OPINION OF COURT		02/09/2006					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> SENTENCING				ALL PLAINTIFF'S EXHIBITS		01/31/2006	
<input type="checkbox"/> BAIL HEARING				MEMORANDAM DECISION		02/21/2006	
17. ORDER							
CATEGORY	ORIGINAL (Includes Free Copy for the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS	
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HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional)				ESTIMATE TOTAL		0.00	
18. SIGNATURE <i>Robert Lee Smith</i>				PROCESSED BY			
19. DATE <i>2/22/06</i>				PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS			
ORDER RECEIVED		DATE	BY				
DEPOSIT PAID				DEPOSIT PAID			
TRANSCRIPT ORDERED				TOTAL CHARGES		0.00	
TRANSCRIPT RECEIVED				LESS DEPOSIT		0.00	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED			
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		0.00	

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